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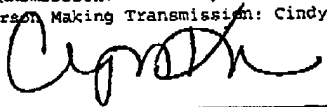
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Date of Transmission: January 21, 2004

Name of Person Making Transmission: Cindy Kane

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OFFICIAL

DOCUMENT(S) FAXED:

PAGES ATTACHED: 8

Re Applic of	Deligianni, H. et al,
Docket No.	FIS920010395US1
Serial No.	10/035,840
Filing Date	12/31/2001
Attorney	Joseph P. Abate

Attached: Amendment, Amendment Transmittal Form and Corrected  
Amendment.

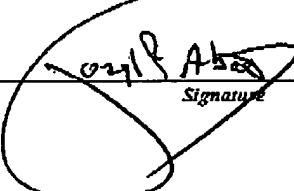

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## INTERNATIONAL BUSINESS MACHINES CORPORATION

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>FIS920010395US1</b>		
Applicant(s): <b>Deligianni, H et al,</b>					
Serial No. <b>10/035,840</b>	Filing Date <b>12/31/2001</b>	Examiner <b>Donovan, Lincoln D.</b>	Group Art Unit <b>2832</b>		
Invention: <b>Lateral Microelectromechanical System Switch</b>					
<u><b>TO THE COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	<b>2221</b>	<b>2022 =</b>	<b>02</b> x	<b>\$9.00</b>	<b>\$18.00</b>
INDEP. CLAIMS	<b>1</b>	<b>3 =</b>	<b>0</b> x	<b>\$43.00</b>	<b>\$0.00</b>
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$18.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. 09-0458 in the amount of					
<input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>January 21, 2004</b>		
<b>J seph P. Abate</b> Attorney for the Applicant Reg.No.: 30,238			<div style="font-size: small;">I certify that this document and fee is being sent via facsimile 1/21/2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center;"> Signature of Person Mailing Correspondence</div> <div style="text-align: center;"><b>Cindy Kane</b> Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					